

Case Number:	CM14-0176745		
Date Assigned:	10/30/2014	Date of Injury:	10/30/2011
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 30 year old female who was injured on 10/30/2011. She was diagnosed with lumbar disc disease, myofascial pain, radiculitis, and sacral arthritis. She had also been previously been diagnosed with fibromyalgia. She was treated with opioid medication, anti-epileptics, NSAIDs, muscle relaxants, and surgery (lumbar spine). On 9/9/14, the worker was seen by her treating physician reporting taking tramadol, Protonix, gabapentin, and fentanyl recently, however, she had stopped all her pain medication at the time of the appointment due to the medications causing nausea. She reported having continual low back and numbness in her leg rated at 5-7/10 on the pain scale on an average day while using her medications. The physical examination revealed obesity, tenderness at sacroiliac joints bilaterally, decreased sensation along L5-S1 dermatomes on the left, and no atrophy. She was then recommended Celebrex in order to replace some of her other medication which were causing "dyspepsia". She was also recommended to increase her gabapentin dosage.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Celebrex - 200mg one tab twice/day with meals in lieu of oral narcotics as patient is recovering from H-pylori treatment (non-industrial)?)Quantity not given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was a recommendation to begin Celebrex in order to reduce opioid use which had been causing excessive nausea in the worker. There is no explanation as to why the worker could not trial acetaminophen instead of an NSAID. NSAID can also cause gastrointestinal symptoms. Also, in the request the number of pills was not included, which is required for approval. Therefore, the request is not medically necessary.